## FORM 1

## Biosolids Land Application Local Monitoring Expenses

## REIMBURSEMENT INVOICE

Page 1 of 1

Claim No: 2011-0039 DEQ USE ONLY County: Date Rec'd: Approval Amount: Evaluator: Permit No:

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218.

Type or print legibly the required information in the applicable sections halvy. Pakes the Section halvy.

instructions on how to complete the form.	dditional
I. Claimant Information	<del></del>
A. Name of Local Government Official: B. County:	
J. County.	
C. Claimant Mailing Address:	ip Code
F. Claimant Telephone No.  G. Claimant Fax No.  H. Local Monitor Name	0
1 G. Claimant Fay No.	952
1. Contact Person for Reimbursement  J. Contact Person Telephone No.  K. Contact Person Fax No.	
Contact Person for Reimbursement     J. Contact Person Telephone No.   K. Contact Person Fey No.	
NAde Bartlett (434)392-7258 (434)392-6.	683
II. Monitoring Activity Information (Attach additional separate sheets if necessary)	
A. DEQ Permit No. and Site Identification  B. Farm(er) and Site Location	
C. Type of Monitoring Activity and Dates 5-1 Thra 5-31-2011 D. Reimbursable Time and Charges	
Record Keeping	10
E. Sampling and Testing Information  F. Name and location of Lab used  G. Total Lab Charges	73,88
III. Multiple Owner Information ( For Local Monitor employed by multiple jurisdictions)	
Are the expenses listed above part of a multiple owner payment submission?	
Yes No	
If you answered "Yes" to the above question, you are required to submit this invoice with the multiple owner payment Form 2.	
	<u> </u>
IV. Responsible Official Statement (Please sign name):	
A. Were the listed expenses incurred during the dates included in Part II.C of this form?	
Yes No	
If you answered "No", please attach the necessary documentation to explain the discrepancy.	San January Princessor
V. Statement Of Costs	
A. Are all expenses listed in this invoice complete at the date of this invoice?  C. Total costs claimed for reimbursement in this Invoice	
Yes No	TO CONTINUE AND ADDRESS OF THE PARTY OF THE
B. Will additional reimbursement costs incurred for monitoring activities at the	
site(s) listed above be submitted?	
Yes No (MAY)	
/I. County Administrator Certification (Please print name):	
he following signature offers that the signature of the s	
he following signature attests that the monitoring activities for which reimbursement is sought he	ave been
erformed in accordance with the provisions of the VPA Permit Regulation (9 VAC 25-32) and the ermits and Certificates regulation (9 VAC 25-20):	Fees for
	***************************************
law let cliff - administrative aggt Lal11/11	-
County Administrator Lol 17 11  County Administrator Date	
Manuel H Stander 6-9-2011	
Local Monitor Date	

## Biosolids Land Application Local Monitoring Activity Details

Mileage Rate per mile:	Staff Labor per hour:	County Monitor:	County:
\$0.50	\$24.00	Manuel Toombs	Lunenburg
Maximum Rate is \$0.55/mile	***************************************	mbs	Lunenburg

BLUE cells compute automatically	Enter data in YELLOW cells

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

Date   Activity   Code   Cod				\$48.00			36.0	2.0		SUBTOTAL
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TOTAL

\$66.00